

ILLINOIS CENTER FOR AUTISM

❖ EMPLOYMENT APPLICATION ❖

The Illinois Center for Autism considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

P E R S O N A L D A T A			
Last Name	First Name	Middle Name	Application Date
Street Address		Email Address	
City, State, and Zip Code	()	Home Phone Number	()
<input type="checkbox"/> Full Time (year round)	<input type="checkbox"/> Part time (less than 30 hours/week)	<input type="checkbox"/> Summer (only)	
Position Applying For	<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Other Referred by		Date Available

Are you legally able to work in the U.S.? Yes No

Have you ever been employed by the Illinois Center for Autism or Pasta Fare? If yes give date _____

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, please provide date(s) and details _____

Answering "yes" to the above question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

E D U C A T I O N A L D A T A					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				Yes No	
College				Yes No	
Business/ Trade/ Technical				Yes No	
Graduate School				Yes No	

T R A I N I N G

Describe any training received relevant to the position for which you are applying.

E M P L O Y M E N T H I S T O R Y

EMPLOYER	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			

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Reason for Leaving			

Comments: Include explanation of any gaps in employment.

R E F E R E N C E

NAME	ADDRESS	OCCUPATION/TELEPHONE #
1.		Occupation: Telephone #: ()
2.		Occupation: Telephone #: ()
3.		Occupation: Telephone #: ()

S K I L L A P P L I C A T I O N

In a brief paragraph, please describe how you feel your skills could contribute to the Illinois Center for Autism.



I certify that answers given herein are true and complete.

I authorize investigation of all statements contain in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of the Illinois Center for Autism.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that completion of this application does not constitute an offer or acceptance of employment.

Signature of Applicant

Date

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.